

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>011478</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01 - 3177 MERIDIAN PARKE DR</b> B. WING _____	(X3) DATE SURVEY COMPLETED  <b>07/01/2011</b>
NAME OF PROVIDER OR SUPPLIER  <b>COUNTRY CHARM RESIDENTIAL SENIOR COMMUNIT</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>3177 MERIDIAN PARKE DR GREENWOOD, IN 46142</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	<p><b>INITIAL COMMENTS</b></p> <p>An Environmental Preoccupancy Survey for State Licensure of a Residential facility for the addition of 57 beds in the Main building, 12 beds in the 300 building and 8 beds in the 400 building was conducted by the Indiana State Department of Health.</p> <p>Survey Date: 07/01/11</p> <p>Facility Number: 011478 Provider Number: 011478 AIM Number: NA</p> <p>Surveyor: Phillip Komsiski, Life Safety Code Specialist</p> <p>At this Environmental Preoccupancy survey, Country Charm Residential Senior Community was found in compliance with 410 IAC 16.2-5-1.5, Sanitation and Safety Standards and 16.2-5-1.6, Physical Plant Standards of the Indiana Health Facilities Rules for Residential care facilities.</p> <p>These one story free standing buildings were determined to be of Type II (111) construction and were not sprinklered except for building 400. The facility has a fire alarm system with smoke detection in the corridors spaces open to the corridors and resident sleeping rooms. The facility has a capacity of 89 and had a census of 11 at the time of this survey.</p> <p>Quality Review by Robert Booher, REHS, Life Safety Code Specialist-Medical Surveyor on 07/06/11.</p>	S 000		

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TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

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If continuation sheet 1 of 1